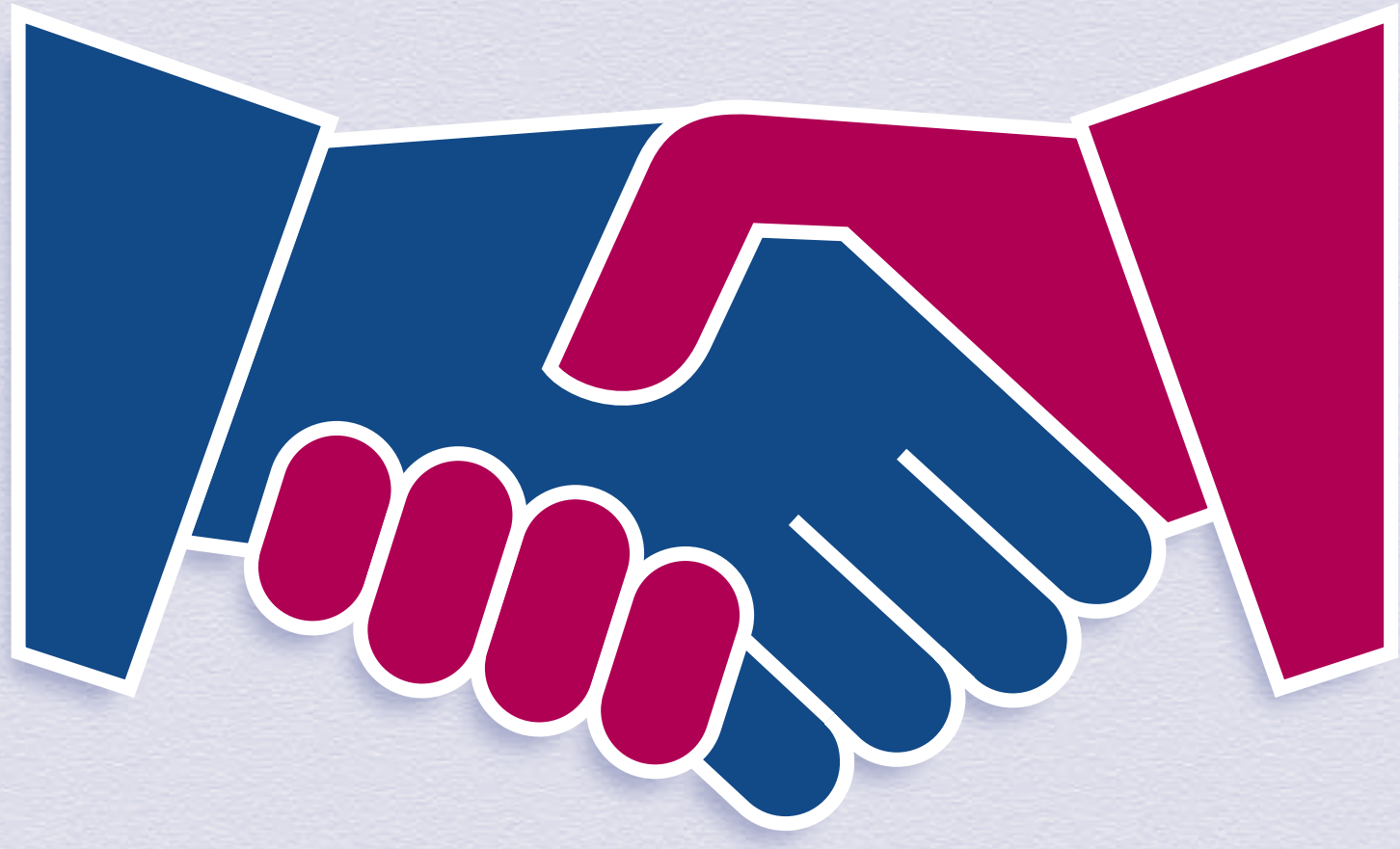

Nutrition Assistance in the United States

30 Years After the White House Conference on Food, Nutrition, and Health

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Background

During the 1960's, attention to poverty-related hunger in America and the nutritional status of the country's low-income people increased. Although a number of Federal food assistance programs were already operating, they were characterized by modest budgets and the absence of national standards. As a number of public inquiries consistently documented widespread problems, public concern grew. In 1969, both President Nixon and the Congress were taking steps to end hunger in America.

One of these steps was a White House Conference on Food, Nutrition, and Health, the purpose of which was to make recommendations for improving the diets of America's consumers. The recommendations were to address a broad range of nutrition issues—from improving nutrition education to changing food program policies to assessing the nutritional status of America's population. Improving the nutrition of the very poor and other vulnerable groups was one of the explicit items on the Conference agenda.

More than 3,000 Conference participants met in December of 1969 to discuss and finalize a set of provisional recommendations made by a large number of planning panels and task forces under the direction of Dr. Jean Mayer.

Of particular note is the action statement proposed jointly by the several task forces representing citizens groups and endorsed in principle (though *not* point by point) by the full Conference body. The content of this action statement represents a general expression of priorities among Conference participants. Key recommendations include:

- immediate implementation of a variety of emergency food programs to feed hungry people during the upcoming winter;
- provision of an adequate guaranteed cash income;
- reform and expansion of existing family food programs, including the Food Stamp Program, until guaranteed incomes become a reality; and
- implementation of a national child feeding program, i.e., universal school breakfast and lunch, that makes available at least two-thirds of the recommended daily dietary allowance.

We will lead America in ending hunger and improving nutrition and health.

Steps Taken

Over the 30 years since the White House Conference on Food, Nutrition, and Health, the United States expanded and strengthened a safety net of Federal programs that reduce hunger and promote good nutrition. In 1999, these programs delivered nearly $33 billion in nutrition assistance to children and low-income people across the Nation. One in six people in the United States is served by at least one of these programs; taken together, they play a key role in promoting the health of our entire Nation.

The Nation's investment in nutrition assistance has increased more than 30-fold since the White House Conference. Five dimensions of this expansion deserve special mention.

- ***The nationwide expansion of the Food Stamp Program*** supplanted direct food distribution to families as the cornerstone of the fight against hunger. In addition, the requirement for recipients to purchase food stamps was eliminated in 1977, making the program substantially more accessible to millions of low-income people.

- ***The creation of the Special Supplemental Food (now Nutrition) Program for Women, Infants, and Children (WIC)*** supplemented the food stamp benefit of at-risk women, infants, and young children with food rich in targeted nutrients, nutrition counseling, and a link to health care. This comprehensive approach to the special needs of this group reflected a new appreciation of the important connections among nutrition knowledge, a good diet, and health.

- ***The substantial growth of the School Breakfast, Child and Adult Care, and Summer Programs*** extended the reach of child nutrition to meet the specific needs of low-income communities.

- ***The direct distribution of food to needy households through Federal programs serves as an important outlet for agricultural surpluses.*** Several food distribution programs provide support to eligible recipients through a variety of channels, including the school meals programs and the emergency food distribution network.

- ***A new focus on nutrition education to help program participants choose a proper diet that protects and promotes health.*** As nutrition guidance for the general public was developed, nutrition education in Federal nutrition assistance programs began to expand as well. Beginning in 1968, food stamp recipients and other low-income people were offered access to nutrition education through the Expanded Federal Nutrition Education Program. More recently, the number of States with an approved food stamp nutrition education plan (that enables Federal reimbursement of half of the cost of nutrition education activities) has increased substantially (from 7 in 1993 to 46). Nutrition counseling has been integral to the WIC Program, since the program began in 1972. The Nutrition Education and Training (NET) Program began in 1977 as the vehicle for providing comprehensive nutrition

education and information to children through the Child Nutrition Programs. Behavior-focused nutrition messages and materials for use through NET are developed as part of the more recent Team Nutrition initiative. Funding for delivering nutrition education through Child Nutrition Programs at the local level is, however, inadequate, and funding for both NET and Team Nutrition remains insecure.

Although this Nation's nutrition assistance programs serve multiple purposes — including healthier diets for program participants, support for American agriculture, resource transfer to the poor and needy, and a link for disadvantaged people to other services like prenatal care — they were consciously designed to provide a national nutrition safety net. By the end of the 1970's, the fundamental structure of this safety net was in place. Its unique features include Federal funding and uniform national guidelines for State-managed programs that work through local organizations to deliver the programs' food benefits, rather than cash assistance. The Food Stamp Program is the core of this assistance network, while additional programs, like WIC and school meals, meet the nutrition needs of children and specific low-income populations in a variety of settings.

The Nation's Growing Investment in Nutrition Assistance Programs
(Dollars in millions)

Program	1969	1999
Food Stamp	250.5	17,665.2
Child Nutrition		
National School Lunch	475.8	5,985.6
School Breakfast	5.4	1,333.6
Child/Adult Care	1.3	1,613.5
Summer	0.3	266.4
Special Milk	101.3	16.6
Other	0.0	109.6
Supplemental Nutrition		
WIC	0.0	3,922.3
CSFP	1.0	98.2
Food Distribution		
Needy Family/FDPIR	223.9	75.3
TEFAP	0.0	266.6
Other	25.4	143.3
Other Programs	0.0	1,366.1
Total	**1,084.9**	**32,862.3**

Accomplishments

Improvements in Nutritional Status. The effectiveness of U.S. nutrition assistance programs to reduce hunger and malnutrition is assessed by monitoring the nutritional status of low-income persons. These data show that diets among the poor improved markedly between 1965-66 and 1977-78, a period marked by substantial growth among the Nation's nutrition assistance programs. More specifically, the percent of low-income households with diets that met 100 percent of the Recommended Dietary Allowances (RDA's) for seven key nutrients grew twice as much as the improvement observed in the general population (i.e., 10 versus 5 percent during the same period).

By the mid-1990's, the most striking result is that nutrient intakes differ little across income levels. For both higher and lower income groups, median intakes are well above the RDA's for folate, iron, phosphorus, vitamin B_{12}, and vitamin C. Median intakes fall below 100 percent of the RDA's for calcium, magnesium, vitamin E, and zinc among both income groups. While the median intakes of vitamins A and B_6 among lower income individuals also fall below the recommended standards, the gaps are relatively small. Information from food stamp recipients indicates they have a better nutrient profile than the rest of the low-income population. That is, median nutrient intakes for recipients compare even more favorably than low-income nonrecipients to those of higher income persons.

Similarities across income groups do not imply that diets are adequate across the board. For example, 25 percent of both income categories reported intakes that fall at least 20 percent below the RDA's for calcium, magnesium, vitamin A, vitamin B_6, vitamin E, and zinc. Such findings indicate other factors, in addition to economic resources, influence diet adequacy.

Prevalence of Hunger. Since nutrient intake measures typically rely on one or a few days of information, it is possible for individuals to experience food shortages that are not captured in the detailed data collected. More general measures have been developed to detect the prevalence of hunger. Since 1977, food sufficiency has been measured through a survey question that identifies the proportion of individuals or households who report having "sometimes not enough to eat" or "often not enough to eat." According to NHANES III data, between 1988 and 1994, 4.1% of the U.S. population lived in families that report sometimes or often not getting enough food to eat.

More recently, efforts have focused on broadening the concept of hunger to the more general construct of "food insecurity." This concept is defined in terms of the experiences associated with being at risk of hunger (such as skipping meals), as well as actually being hungry. Responses to a multi-item scale results in classification of households as 1) food secure; 2) food insecure, no hunger evident; and 3) food insecure with hunger evident.

Nationally representative data are available for 1995-98, and for each of these years the prevalence of food insecurity has been close to 10 percent of all U.S. households. The proportion of households reporting food insecurity with hunger over the same time period has been 3 to 4 percent of all families and 10 to 12 percent of low-income households. Our current challenge is to eliminate the problem of food insecurity altogether in the years ahead.

Health Consequences. There is ample evidence documenting the importance of diet to health, as well as the greater prevalence of some nutrition-related diseases among America's low-income population. While it is reasonable to hypothesize that participation in nutrition assistance programs has positive impacts on the health of poor people, there is less research to address this question.

The most compelling evidence that nutrition assistance programs foster improved health involves data on birthweight, physical growth, and anemia. For example, nutrition monitoring data indicate that the incidence of physical stunting (having low height for one's age) among preschool children decreased by nearly 65 percent from 1974-76 to 1992. Similarly, there has been a reduction of about 5 percent in the rate of anemia among low-income preschoolers. Researchers attribute a significant proportion of this reduction to participation in WIC.

While there is only limited research on the role of nutrition assistance programs in ameliorating nutrition-related diseases, the programs themselves are designed to promote good nutrition and health. Food stamp benefit allotments are tied to the cost of a modestly priced nutritious diet. WIC benefits include food packages tailored to meet specific nutrition needs. The Child Nutrition Programs contain standards that ensure school meals meet a portion of daily nutritional requirements for children.

Research Advances. There is also a significant body of relevant research that contributes to the Federal Government's ability to assess and guide development of the nutrition safety net. For example, USDA has learned a great deal about the dynamics of participation in the Food Stamp, WIC, and Child Nutrition Programs. This knowledge includes household characteristics associated with different participation patterns, events that trigger program entry and exit, and length of program participation. Such information is essential to making informed policy decisions and operational choices.

Research on the relative impact of alternative approaches to nutrition education and promotion is also guiding the development of educational components for the full range of nutrition assistance programs. While significant improvements in eating habits remain a challenge, both previously and just completed studies indicate that the most promise comes from interventions based on social learning theory and social marketing techniques. Such strategies incorporate multiple channels of communication to reinforce the desired behavior.

The United States has a relatively comprehensive nutrition monitoring system with nationally representative data on individual food intake among low-income persons that is collected systematically and at routine intervals. Because these data are very expensive to obtain and analyze, additional measures of dietary adequacy have been developed. They include the Food Security Measure, previously described, with its focus on access at all times to enough food for an active healthy life and the Healthy Eating Index with a focus on the overall quality of diet consumed by Americans. Together these measures provide cost-effective alternatives to assessing the performance of nutrition interventions, including U.S. nutrition assistance programs.